Substitute form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT						Complete if Known		
						Application Number	UNKNOWN	
						Filing Date	HEREWITH	
						First Named Inventor	JUAN JOSE ALONSO ET AL.	
						Group Art Unit	UNKNOWN	
						Examiner Name	NOT YET ASSIGNED	
Sheet	1		of	of 1		Attorney Docket Number	HSJ920030247US2	
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Examiner IDS Include the name of the author (in CAPITAL LETTERS), title of the								English Translation
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Examiner Signature		11:/	-//	In-			Date Considered	3-9-2006
Signature	//	108	1 10	\longrightarrow				, , , , , , , , , , , , , , , , , , ,

EXAMINER: Initial it reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.